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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Author	rizea Committee	Office Use Only
	USE FEC MAILING LABEL OR TYPE OR PRINT ♥	Example:If typing, type over the lines	
Homecare & Hospice PAC			
ADDRESS (number and street)	C/O Simione Consultants LLC		
Check if different	4130 Whitney Avenye		
than previously reported. (ACC)	Hamden		CT 06518 -
2. FEC IDENTIFICATION NUMBER	BER ♥ CITY	t	STATE A ZIPCODE A
C00431981	3. IS THE	- \	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	(b) Monthly Report Due On: Mar 20	(M3) Jun 20 (M6)	Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only)
Quarterly Report(Q1 July 15 Quarterly Report(Q2 October 15 Quarterly Report(Q3 X January 31 Quarterly Report(YE	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Runoff (12R Special (12G) in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R) Special (30S) in the State of
5. Covering Period 0 7	01 2009	through 12	31 2009
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my knowle Ruth L. Constant	edge and belief it is true, correct	and complete.
Signature of Treasurer Electron	ically Filed by Ruth L. Constant		Date 01 20 2010
NOTE : Submission of false, errone	eous, or incomplete information ma	ay subject the person signing th	nis Report to the penalties of 2 U.S.C 437g.
Office Use			FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/38

Write or Type Committee Name Homecare & Hospice PAC

FEC Form 3X (Rev. 02/2003)

D " D 07 0 1 2009 12 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 31783.88 January 1 (b) Cash on Hand at 58389.31 Begining of Reporting Period 35667.00 122441.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 94056.31 154224.88 6(a) and 6(c) for Column B) 85633.48 145802.05 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 8422.83 8422.83 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 38

Write or Type Committee Name Homecare & Hospice PAC

Report Covering the Period:

м м 0 7

From:

01

2009

то.

м м 12 ^D 31

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	30350.00	110950.00
(ii) Unitemized	5317.00	11491.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35667.00	122441.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	35667.00	122441.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35667.00	122441.00
). Total Federal Receipts (subtract Line 18(c) from Line 19)	35667.00	122441.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/38

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	5133.48	10302.05
	Expenditures(c) Total Operating Expenditures	3133.46	10302.03
	(add 21(a)(i), (a)(ii) and (b))	5133.48	10302.05
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	79000.00	134000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	1500.00	1500.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1500.00	1500.00
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(.) . 333741 371413	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	85633.48	145802.05
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	85633.48	145802.05

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	35667.00	122441.00
34.	Total Contribution Refunds (from Line 28(d))	1500.00	1500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	34167.00	120941.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5133.48	10302.05
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	5133.48	10302.05

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Homecare & Hospice PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sheryl Bellinger Mailing Address 3140 North Buttercup City Erie FEC ID number of contributing	State Zip Code CO 80516	Date of Receipt 10 29 2009 Transaction ID: 91201.C480 Amount of Each Receipt this Period
federal political committee. Name of Employer Professional Home Health Care. Receipt For: Primary General Other (specify) ▼	Occupation owner Aggregate Year-to-Date ▼ 1000.00	Receipt
Full Name (Last, First, Middle Initial) Robert Blair Mailing Address 402 SE G Street City Grants Pass	State Zip Code OR 97526	Date of Receipt 10 27 2009 Transaction ID: 91201.C478
FEC ID number of contributing federal political committee. Name of Employer Riverside Home Health Care Receipt For: Primary General	Occupation operations manager Aggregate Year-to-Date	Amount of Each Receipt this Period 500.00 Receipt
Other (specify) Full Name (Last, First, Middle Initial) Ellen Bolch Mailing Address 703 Dancy Ave.	500.00	Date of Receipt 1 0 1 5 2 0 0 9
City Savannah FEC ID number of contributing federal political committee.	State Zip Code GA 31409	Transaction ID: 91012.C390 Amount of Each Receipt this Period 1000.00
Name of Employer THA Group Receipt For: Primary General Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date 6000.00	Receipt
SUBTOTAL of Receipts This Page (optional) .		2500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Homecare & Hospice PAC	itatements may name and addi	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \ .	Full Name (Last, First, Middle Initial) Walter Borginis Mailing Address 3525 Caley Road			Date of Receipt
	City	State	Zip Code	1 2 1 7 2 0 0 9 Transaction ID: 00107.C514
	Newtown Square FEC ID number of contributing federal political committee.	C	19073	Amount of Each Receipt this Period 500.00
	Name of Employer VNA of Greater Philadelph- ia Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Exec. VP/ Aggregate		Receipt
- 3.	Full Name (Last, First, Middle Initial) Jennifer Chadwick Mailing Address PO Box 2019			Date of Receipt
	City	State	Zip Code	Transaction ID: 00107.C515
	Ruidoso FEC ID number of contributing federal political committee.	C	88355	Amount of Each Receipt this Period
	Name of Employer Ruidoso Home Care & Hospi- ce	Occupation RN/Admir		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Richard Chesney			Date of Receipt
	Mailing Address 1133 Dundee Drive			09 04 2009
	City Dresher	State PA	Zip Code 19025	Transaction ID: 91012.C372
	FEC ID number of contributing federal political committee.	C	19023	Amount of Each Receipt this Period 500.00
	Name of Employer Healthcare Market Resourc- es	Occupation Healthcar	e Executive	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one) X
0	ony information copied from such Reports and Strip for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	> Homecare & Hospice PAC			
	Full Name (Last, First, Middle Initial) Marcylle Combs Mailing Address 3 Bains Court			Date of Receipt
	Mailing Address 3 Bains Court			10 16 2009
	City	State	Zip Code	Transaction ID: 91023.C476
	Argyle FEC ID number of contributing federal political committee.	C	76226	Amount of Each Receipt this Period 5000.00
	Name of Employer FMS Regional	Occupation	n	Receipt
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 5500.00	
_	Full Name (Last, First, Middle Initial) Daniel Cosentino			Date of Receipt
	Mailing Address 1228 Adrian Drive			M M / D D / Y Y Y Y Y 1 1 1 0 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 91201.C508
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Cardiocom	Occupation Presiden		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Andrea Devoti			Date of Receipt
	Mailing Address PO Box 475			08
	City	State	Zip Code	Transaction ID: 90824.C305
	Valley Forge	PA	19481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Receipt
	Name of Employer NAHC		e Director	Πευσιρι
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional).	•		6250.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Si	tatamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) Homecare & Hospice PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Andrea Devoti Mailing Address PO Box 475 City Valley Forge FEC ID number of contributing federal political committee. Name of Employer NAHC Receipt For: Primary General Other (specify)		Zip Code 19481 In e Director e Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
– В.	Full Name (Last, First, Middle Initial) Lisa Eckley Mailing Address 491 Holderman Place City New Lebanon FEC ID number of contributing federal political committee. Name of Employer Buckeye Home Health Care Receipt For: Primary General Other (specify)	State OH C Occupation owner Aggregate	Zip Code 45345-1513 In e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Lisa Eckley Mailing Address 491 Holderman Place City New Lebanon FEC ID number of contributing federal political committee. Name of Employer Buckeye Home Health Care Receipt For: Primary General Other (specify)	State OH C Occupation owner Aggregate	Zip Code 45345-1513 on e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			1350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 1
, C	any information copied from such Reports and a r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Homecare & Hospice PAC			
	Full Name (Last, First, Middle Initial) Rachael Fitzpatrick Mailing Address 9219 Bundoran			Date of Receipt
		Ctata	7in Code	10 16 2009
	City Orland Park	State IL	Zip Code 60462	Transaction ID: 91023.C461 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Angels at Home Health Care	Occupatio home he		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
. –	Full Name (Last, First, Middle Initial) David Foster	<u> </u>		Date of Receipt
	Mailing Address 1233 Monroe NE			10 15 YYYYY 10 15 2009
	City	State	Zip Code	Transaction ID: 91012.C392
	Albuquerque	NM	87110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00 Receipt
	Name of Employer Maroland LLC	Occupation home he	n alth care provider	neceipi
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Nicholas Gachassin			Date of Receipt
	Mailing Address 110 Port Royal Circle			10 15 2009
	City	State	Zip Code	Transaction ID: 91012.C400
	<u>Lafayette</u>	LA	70508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00 Receipt
	Name of Employer Gachassin Law Firm	Occupatio attorney		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional) .			4500.00

SCHEDULE ITEMIZED RI	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial pi	urposes, other than using the IMITTEE (In Full)	atements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	First, Middle Initial)			Date of Receipt
Mailing Address	5205 Molokai St., NE			10 15 2009
City <u>Albuquerque</u>		State NM	Zip Code 87111	Transaction ID: 91012.C387
FEC ID number federal political c		C	0/111	Amount of Each Receipt this Period 500.00
Name of Employ N. Mexico Assn Hospi Receipt For: Primary Other (spe	General		e Director e Year-to-Date ▼ 1500.00	Receipt
	First, Middle Initial)	16		Date of Receipt
			7: 0 !	07 24 2009
City Watertown		State CT	Zip Code 02472	Transaction ID: 90824.C309
FEC ID number federal political c		C	02472	Amount of Each Receipt this Period 250.00
Name of Employ Simione Consult	er ants	Occupatio		Receipt
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, Betty Gordon	First, Middle Initial)			Date of Receipt
Mailing Address	125 Coolidge Ave., #60	6		1 2 1 7 2 0 0 9
City		State	Zip Code	Transaction ID: 00107.C513
Watertown		СТ	02472	Amount of Each Receipt this Period
FEC ID number federal political c		C		1000.00
Name of Employ Simione Consult	er ants	Occupation consulta		Receipt
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
SUBTOTAL of Re				1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/38 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Homecare & Hospice PAC		,,,	
Full Name (Last, First, Middle Initial) Ambrose Hernandez			Date of Receipt
Mailing Address 5277 Old Brownsvil	lle Rd., Ste. 205	5	1 0 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 91023.C467
Corpus Christi FEC ID number of contributing federal political committee.	C	78405	Amount of Each Receipt this Period 1000.00
Name of Employer Legacy Home Health Agency	Occupation President		Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Timothy Huffman			Date of Receipt
Mailing Address 5391 Applewood La	ane		10 16 2009
City Lebanon	State OH	Zip Code 45036	Transaction ID: 91023.C472
FEC ID number of contributing federal political committee.	C	45050	Amount of Each Receipt this Period 350.00
Name of Employer Buckeye Home Health Care	Occupation PT owne		Receipt
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) D. E. Lawrence			Date of Receipt
Mailing Address 501 Volusia Ave.			10 15 2009
City Dayton	State OH	Zip Code 45409	Transaction ID: 91012.C391
FEC ID number of contributing federal political committee.	C	40409	Amount of Each Receipt this Period 350.00
Name of Employer Buckeye Home Health Care	Occupation PT owne		Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	al)		1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Homecare & Hospice PAC	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Larry Leahy Mailing Address 222 Thiel Road			Date of Receipt
City Yoakum FEC ID number of contributing	State TX	Zip Code 77995	Transaction ID: 91023.C462 Amount of Each Receipt this Period
federal political committee. Name of Employer FMS Regional	Occupation CFO	n	Receipt 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lawrence Leahy Mailing Address 222 Thiele Drive			Date of Receipt 1 2 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: 00107.C511
Yoakum FEC ID number of contributing federal political committee.	C	77995	Amount of Each Receipt this Period 250.00
Name of Employer Foundation Management Services Receipt For:		n sident Finance e Year-to-Date ▼	Receipt
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Michael Lee Mailing Address 9705 Fox Bluff Lane			Date of Receipt 1 1 2 0 2 0 9
City	State	Zip Code	Transaction ID: 91201.C507
Spring Grove FEC ID number of contributing federal political committee.	C	60081	Amount of Each Receipt this Period 1000.00
Name of Employer Medline Industries Inc.	Occupation Presiden		Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summan	of the
or for commercial purposes, other than using the	Statements may not be sold or used e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Homecare & Hospice PAC		
Full Name (Last, First, Middle Initial) Susan Levine		Date of Receipt
Mailing Address 4201 E. Keim Drive		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Paradise Valley	State Zip Code AZ 85253	Transaction ID: 91012.C397 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hospice of the Valley	Occupation Healthcare Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Initial) Gary Moffitt	I	Date of Receipt
Mailing Address 6412 Tear Drop Court		10 28 7 4 4 9
City Farmington	State Zip Code NM 87402	Transaction ID: 91201.C479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Basin Home Health, Inc.	Occupation owner/operator	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Initial) Patricia OBrien		Date of Receipt
Mailing Address 295 Temple St., #302		10 16 2009
City West Roxbury	State Zip Code MA 02132	Transaction ID: 91023.C469
FEC ID number of contributing federal political committee.	C 02132	Amount of Each Receipt this Period 250.00
Name of Employer Hebrew Senior Life	Occupation Exec. Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optional) .	1	1750.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	Homecare & Hospice PAC		
	Full Name (Last, First, Middle Initial) Michele Quirolo		Date of Receipt
	Mailing Address 5 Raynor Ave.		07 24 2009
	City Mount Vernon	State Zip Code NY 10552	Transaction ID: 90824.C310 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer VNA of Hudson Valley	Occupation President/CEO	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
_	Full Name (Last, First, Middle Initial) Michele Quirolo		Date of Receipt
	Mailing Address 5 Raynor Ave.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 91012.C395
	Mount Vernon	NY 10552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 Receipt
	Name of Employer VNA of Hudson Valley	Occupation President/CEO	neceipi
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1200.00	
_	Full Name (Last, First, Middle Initial) Michele Quirolo		Date of Receipt
	Mailing Address 5 Raynor Ave.		1 2 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: 00107.C512
	Mount Vernon FEC ID number of contributing federal political committee.	NY 10552	Amount of Each Receipt this Period 250.00
	Name of Employer VNA of Hudson Valley	Occupation President/CEO	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	
Г	CURTOTAL of Descints This Desc (autions)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Homecare & Hospice PAC			
	Full Name (Last, First, Middle Initial) Robert Simione	0		Date of Receipt
	Mailing Address 400 E. 70th St., Apt 90	0		08 06 2009
	City New York	State NY	Zip Code 10021	Transaction ID: 90824.C307 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Simione Consultants	Occupation Principal	n	Receipt
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Elaine Stephens			Date of Receipt
	Mailing Address 22 Highland Street			07 24 2009
	City	State	Zip Code	Transaction ID: 90824.C311
	Milford	MA	01757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Overlock UNA	Occupation Executive	n e Vice President	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		850.00	
	Full Name (Last, First, Middle Initial) Elaine Stephens			Date of Receipt
	Mailing Address 22 Highland Street			10 15 2009
	City Milford	State MA	Zip Code	Transaction ID: 91012.C394
	FEC ID number of contributing federal political committee.	C	01757	Amount of Each Receipt this Period 500.00
	Name of Employer Overlock UNA	Occupation Executive	n e Vice President	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00	
	SUBTOTAL of Receipts This Page (optional)		_	800.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Homecare & Hospice PAC			
Α.	Full Name (Last, First, Middle Initial) Stephen Stone Mailing Address 5553 Winding Cape W			Date of Receipt
		ray 		10 16 2009
	City Mason	State OH	Zip Code 45040	Transaction ID: 91023.C464
	FEC ID number of contributing federal political committee.	C	45040	Amount of Each Receipt this Period 1000.00
	Name of Employer Blackstone Home Care	Occupatio home ca	n re executive	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Susan Telli	1		Date of Receipt
	Mailing Address 1209 North Rio Vista E	Blvd		10 16 2009
	City	State	Zip Code	Transaction ID: 91023.C475
	Fort Lauderdale	FL	33301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Receipt
	Name of Employer HospiceCare of Southeast	Occupatio Healthca	n re Executive	1.555,
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) David Tramontana	1		Date of Receipt
	Mailing Address 7242 Crinstead Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 91023.C463
	Cincinnati FEC ID number of contributing federal political committee.	OH OH	45236	Amount of Each Receipt this Period 1000.00
	Name of Employer Blackstone Home Care	Occupatio CEO	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Homecare & Hospice PAC	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Pamela Wigglesworth Mailing Address RR 2 Box 39F City Alderson FEC ID number of contributing federal political committee. Name of Employer LHC Group Receipt For: Primary General Other (specify)	State Zip Code WV 24910 C Occupation state director Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D M 2009 Transaction ID: 91012.C403 Amount of Each Receipt this Period 1000.00 Receipt
Full Name (Last, First, Middle Initial) Daniel Wilson Mailing Address PO Box 2493 City Lindale FEC ID number of contributing federal political committee. Name of Employer Paradigm Rehab & Nursing LP Receipt For: Primary General Other (specify)	State Zip Code TX 75771 C Occupation CEO Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Wilson Mailing Address 554 Hwy 790 City Bronston FEC ID number of contributing federal political committee. Name of Employer LHC Group Receipt For: Primary General Other (specify)	State Zip Code KY 42518 C Occupation home health Aggregate Year-to-Date 1000.00	Date of Receipt M M J 12 2009 Transaction ID: 91012.C404 Amount of Each Receipt this Period 1000.00 Receipt
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number	r only)	30350.00

	JLE B (FEC Form	-	Use separate schedule(s) for each category of the Detailed Summary Page			FOR LIN (check or	E NUMBE lly one)	PAGE	AGE 19/38			
	ED DISBURSEME					X 21b 27	22 28a	23 28b	24 28	С	25 29	
	ion copied from such Repo ercial purposes, other than											;
NAME C	F COMMITTEE (In Full) are & Hospice PAC	using the name	and addit	oss of any political			Oncit Corti	ibations !	TOTT SUC	100111	intec	
	e (Last, First, Middle Initial , Meredith & Associate	•						action II		17.E1	13	
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City Herndo	n		tate /A	Zip Code 20171-			Amou	nt of Eac	h Disbur	semen	t this F	² eric
	of Disbursement orting & admin services				Г		T L.			5	00.00)
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	le (Last, First, Middle Initial , Meredith & Associate							action II		12.E1	26	
Mailing A	address 2875 Tower	view Rd., Ste.	1000				0 ^M 9	M / D	07	ž	0 0 5) Y
City Herndo	n		tate /A	Zip Code 20171-			Amou	nt of Eac	h Disbur	semen	t this F	•eric
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	CHEDULE B (FEC Form 3X)		rate schedule(s)		_		LINE NUMBER: PAGE 20 / 38					38		
	EMIZED DISBURSEMENTS	Detailed S	ategory of the Summary Page		X	21b 27	22 28a		23 28b	E	24 28c	F	25 29	2 3
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam													S
	NAME OF COMMITTEE (In Full) Homecare & Hospice PAC													
	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates						Trans Date				91022 nent	2.E1	46	
	Mailing Address 2875 Towerview Rd., Ste	e. 1000					1 ^M 0	М	/ D	1 3	2 /	^Y 2	o ŏ s	9 ^Y
	City Herndon	State VA	Zip Code 20171-				Amou	ınt o	f Eac	h D	isburs	-		
	Purpose of Disbursement FEC reporting & admin services			Г	v			_	_		-	3	00.00)
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	Senate President	ement For: Primary Other (spec	General cify) ▼				FEC VICE	REF S	PORT	TIN	IG & A	ADM	IN SE	≣R-
_	State: District: Full Name (Last, First, Middle Initial) Maggan Magadith & Associates								-		9120	1.E1	59	
	Morgan, Meredith & Associates						Date	of D				Y Y	0 0 5	Y
	Mailing Address 2875 Towerview Rd., Ste	e. 1000					11		L	10		2	008	9
	City Herndon	State VA	Zip Code 20171-				Amo	ınt o	f Eacl	h D	isburs	emen	t this I	Period
	Purpose of Disbursement FEC reporting & admin services			Г			L.					6	12.50)
	Candidate Name				ateg Type									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼				FEC VICE	REF S	PORT	TIN	IG & A	MDA	IN SE	≣R-
	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates						Date	of D			0011	1.E1	76	
	Mailing Address 2875 Towerview Rd., Ste	e. 1000					1 ^M 2	М	/ D	0 4) /	^Y 2	o ŏ s	9 ^Y
	City Herndon	State VA	Zip Code 20171-				Amo	ınt o	f Eacl	h D	isburs	emen	t this I	Period
	Purpose of Disbursement FEC reporting & admin services				•		L.					3	00.00)
	Candidate Name				ateg Typ									
	Office Country Harris Distance	ement For:					FFC	REF	OR	TIN	IG 8. /	<i>א</i> רם <i>ו</i>	IN SE	ER-
	Office Sought: House Disburse Senate President State: District:	Primary Other (spec	General cify) ▼				VICE				IC & 7	ADIVI		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Homecare & Hospice PAC			
Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates			Transaction ID: 00107.E167 Date of Disbursement
Mailing Address 2875 Towerview Rd., Ste	e. 1000		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Herndon	State Zip Code VA 20171-		Amount of Each Disbursement this Period
Purpose of Disbursement FEC reporting & admin services Candidate Name		Category/	400.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Туре	FEC REPORTING & ADMIN SER- VICES
Full Name (Last, First, Middle Initial) Paypal.com			Transaction ID: 91012.E136 Date of Disbursement
Mailing Address 2145 Hamilton Avenue			08 06 2009
City San Jose	State Zip Code CA 95125-		Amount of Each Disbursement this Period
Purpose of Disbursement merchant service charge		•	11.05
Candidate Name	-	Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		MERCHANT SERVICE CHARGE
Full Name (Last, First, Middle Initial)			Transaction ID: 91012.E137
Paypal.com			Date of Disbursement
Mailing Address 2145 Hamilton Avenue			$\begin{bmatrix} 0.8 & M & 7 & D & D & 7 & 0.0 & $
City San Jose	State Zip Code CA 95125-		Amount of Each Disbursement this Period
Purpose of Disbursement merchant service charge		• •	1.75
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	1,750	MERCHANT SERVICE CHARGE
State: District:			
SUBTOTAL of Disbursements This Page (optional)		•	412.80

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN			R:		PAGE 22/38							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27		22 28a	_	23 28b	24 28c		25 29	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											5				
NAME OF COMMITTEE (In Full) Homecare & Hospice PAC															
Full Name (Last, First, Middle Initial) Paypal.com Mailing Address 2145 Hamilton Avenue				Transaction ID: 91012.E134 Date of Disbursement O 9 M / D 3 D / Y Y Y O Y 9 Y 2 0 0 9											
City		Amount of Each Disbursement this Period													
	State Zip Code CA 95125-														
Purpose of Disbursement merchant service charge										3.20					
Candidate Name			tegory/ 「ype												
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)			N	MERC	AHC	NT S	ERVIC	E CI	HARG	E				
Full Name (Last, First, Middle Initial)				т	rans	actio	n ID:	9101	2 F1	35					
Paypal.com					Date o	of Disl	burse	ement							
Mailing Address 2145 Hamilton Avenue			1 0 M / D 1 D / Y 2 0 0 9 Y) Y				
	State Zip Code CA 95125-			<i>A</i>	Amoui	nt of E	Each	Disburs	emer	nt this I	Period				
Purpose of Disbursement merchant service charge				61.80											
Candidate Name			tegory/ ype												
Senate President	ment For: Primary General Other (specify)			N	1ERC	CHAN	NT S	ERVIC	E CI	HARG	E				
State: District:															
Full Name (Last, First, Middle Initial) Paypal.com				1	Date c	of Disl	burse				_				
Mailing Address 2145 Hamilton Avenue					10	M /	^D 3	1 /	2	o ŏ s) [*]				
	State Zip Code CA 95125-			<i>A</i>	Amoui	nt of E	Each	Disburs	emer	nt this I	Period				
Purpose of Disbursement										73.40					
merchant service charge Candidate Name			tegory/ Type												
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		<u> </u>	N	1ERC	AHC	NT S	ERVIC	E CI	HARG	E				
State: District:															
SUBTOTAL of Disbursements This Page (optional) .			▶						1	38.40					

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SCHEDULE B (FEC Form 3X)	Llea congreta cohodula(s)	FOR LINE	NUMBER:	PAGE 23/38											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check on	<u> </u>												
	Detailed Summary Page	X 21b 27	22 23 28a 28i	24 25 26 b 28c 29 30b											
Any Information copied from such Reports and Statem		y any person	for the purpose of	f soliciting contributions											
or for commercial purposes, other than using the name	e and address of any political co	mmittee to s	olicit contributions	from such committee											
NAME OF COMMITTEE (In Full)															
Homecare & Hospice PAC															
Full Name (Last, First, Middle Initial) Paypal.com				ID : 91201.E160											
			Date of Disbursement												
Mailing Address 2145 Hamilton Avenue	111 / 20 / 2009														
City San Jose	State Zip Code CA 95125-		Amount of Each Disbursement this Period												
Purpose of Disbursement	Γ			29.30											
merchant service charge Candidate Name		0-1													
Candidate Name		Category/ Type													
Office Sought: House Disburse Senate President		MERCHANT SERVICE CHARGE													
State: District:															
Full Name (Last, First, Middle Initial) Simione Consultants			Transaction Date of Disbu	ID: 91012.E127											
				07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
Mailing Address 4130 Whitney Ave.			0.9	2009											
City Hamden	State Zip Code CT 06518-		Amount of Ea	ch Disbursement this Period											
Purpose of Disbursement reimburse postage		•	<u> </u>	136.22											
Candidate Name	-	Category/ Type													
Senate President	ement For: Primary General Other (specify)		REIMBURSI	E POSTAGE											
State: District:															
Full Name (Last, First, Middle Initial) Simione Consultants			Transaction Date of Disbu	ID: 91022.E145 irsement											
Mailing Address 4130 Whitney Ave.			10 /	13 7 2009											
City Hamden	State Zip Code CT 06518-		Amount of Ea	ch Disbursement this Period											
Purpose of Disbursement	Г			188.45											
reimburse postage															
Candidate Name		Category/ Type													
Office Sought: House Disbursi Senate President	ement For: Primary General Other (specify)		REIMBURS	E POSTAGE											
State: District:															
SUBTOTAL of Disbursements This Page (optional)				353.97											
SOBTOTAL OF DISDUISEMENTS THIS Page (optional)		<u></u>													

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 24 / 38						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) ☐ 22						
	Detailed Summary rage	27	28a 28b 28c 29 30b						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
Homecare & Hospice PAC									
Full Name (Last, First, Middle Initial)			Transaction ID: 90824.E124						
Wachovia Bank			Date of Disbursement						
Mailing Address 215 Pennsylvania Ave., S	SE		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$						
	State Zip Code DC 20003-		Amount of Each Disbursement this Period						
Washington Purpose of Disbursement	DC 20003-		50.00						
merchant service charge									
Candidate Name		Category/ Type							
	ment For:		MERCHANT SERVICE CHARGE						
Senate President	Primary General Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)			Transaction ID: 90824.E125						
Wachovia Bank			Date of Disbursement 0 7 0 3 7 2 0 0 9						
Mailing Address 215 Pennsylvania Ave., S	Mailing Address 215 Pennsylvania Ave., SE								
•	State Zip Code		Amount of Each Disbursement this Period						
Washington Purpose of Disbursement	DC 20003-		30.00						
merchant service charge									
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate	ment For: Primary General		MERCHANT SERVICE CHARGE						
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) Wachovia Bank			Transaction ID: 91012.E138 Date of Disbursement						
			M M / D D / Y Y Y						
Mailing Address 215 Pennsylvania Ave., S	SE .		08 03 2009						
	State Zip Code DC 20003-		Amount of Each Disbursement this Period						
Purpose of Disbursement			50.00						
merchant service fee Candidate Name		Category/							
		Туре							
• H I -	ment For:		MERCHANT SERVICE FEE						
Senate President	Primary General Other (specify) ▼								
State: District:	- : -· (-p)/ \								
SUBTOTAL of Disbursements This Page (optional) .			130.00						

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SCHEDULE B (FEC Form 3X)	arate schedule(s)			OR LIN			R:			PA	GE	25 /	38	7	
ITEMIZED DISBURSEMENTS		category of the Summary Page		_	21b 27	H	22 28a		23 28b		24 28c		25 29	26 30k	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														S	
NAME OF COMMITTEE (In Full) Homecare & Hospice PAC															
Full Name (Last, First, Middle Initial) Wachovia Bank			Transaction ID: 91012.E139 Date of Disbursement 08											Y	_
Mailing Address 215 Pennsylvania Ave., S	SE						0.0	_		J 4			008	9	
•	State DC	Zip Code 20003-					Amou	nt o	f Each	ı Di	sburse	-			_
Purpose of Disbursement merchant service fee Candidate Name			Ca	ate	egory/						•	•	30.00)	
					/pe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼					MERO	CHA	ANT S	SEF	RVICE	FE	E		
Full Name (Last, First, Middle Initial)							Trans	act	ion ID	: (91022	.E1	48		-
Wachovia Bank								of D	isburs	em	ent			V	
Mailing Address 215 Pennsylvania Ave., §	SE		09 0 1 7 2 0 0 9							9 1					
	State DC	Zip Code 20003-					Amou	nt o	f Each	ı Di	sburse	men	t this I	Period	_
Purpose of Disbursement merchant service charge			50.00)					
Candidate Name					egory/ ype										
Senate President	ment For: Primary Other (spe	General ecify) ▼					MERO	CHA	ANT S	SEF	RVICE	: C⊦	IARG	iΕ	
State: District: Full Name (Last, First, Middle Initial)											24000		40		_
Wachovia Bank							Date of	of D	isburs	em				V	
Mailing Address 215 Pennsylvania Ave., S	SE						0 9	М	[′]	2]	Ž	0 ŏ s	9 '	
•	State DC	Zip Code 20003-					Amou	nt o	f Each	ı Di	sburse		-		_
Purpose of Disbursement merchant service charge				v	-				-				30.00)	
Candidate Name					egory/ ype										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General					MERO	CHA	ANT S	SEF	RVICE	CH	IARG	ìΕ	
State: District:		·													_
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN (check o	IE NUMBER:	PAGE 26 / 38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	☐ 22 ☐ 23 ☐	24 25 26
	Detailed Guillinary Fage	27		28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Homecare & Hospice PAC				
Full Name (Last, First, Middle Initial) Wachovia Bank			Transaction ID: 91 Date of Disbursemen	nt
Mailing Address 215 Pennsylvania Ave., S	SE		09 / 15	Ý ŽOŠ9Ý
City Washington	State Zip Code DC 20003-		Amount of Each Disk	oursement this Period
Purpose of Disbursement		0 0		68.81
check order charge Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		CHECK ORDER C	CHARGE
Full Name (Last, First, Middle Initial)			Transaction ID: 91	1201.E164
Wachovia Bank			Date of Disbursemen	
Mailing Address 215 Pennsylvania Ave., S	SE		10 0 1	['] 2009 [']
City Washington	State Zip Code DC 20003-		Amount of Each Disk	oursement this Period
Purpose of Disbursement	20003-			50.00
merchant service charge				
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)		MERCHANT SERV	VICE CHARGE
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: Of	1201 [165
Wachovia Bank			Transaction ID: 91 Date of Disbursemen	nt
Mailing Address 215 Pennsylvania Ave., S	SE		10 0 2	['] ² 009 [°]
	State Zip Code DC 20003-		Amount of Each Disk	oursement this Period
Purpose of Disbursement		-	T	30.00
monthly merchant service fee Candidate Name				
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		MONTHLY MERCI	HANT SERVICE
State: District:	Outer (Specify) ♥			
SUBTOTAL of Disbursements This Page (optional)		>		148.81

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SCHEDULE B (FEC Form 3X)	(FEC Form 3X) Use separate schedule(s)					FOR LINE NUMBER: PAGE 27 / 38										
ITEMIZED DISBURSEMENTS	for each category of the	(CI)		nly one)	_		_		_		_					
	Detailed Summary Page	X	21b 27	22 28a	Н	23 28b	ш.	4 8c		25 29	26 30b					
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NAME OF COMMITTEE (In Full)																
Homecare & Hospice PAC																
Full Name (Last, First, Middle Initial) Wachovia Bank				1		on ID:		_	.E1	68						
Mailing Address 215 Pennsylvania Ave., S	SE .			1 1	М	^D 0	2	Y	ž	o ŏ s	9 Y					
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Purpose of Disbursement merchant service charge				Ţ L.					5	61.10)					
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Wachovia Bank						on ID: sburse	ement	107			V					
Mailing Address 215 Pennsylvania Ave., S	SE			1 1		1	6	L	2	o ŏ s	9					
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Candidate Name		Catego Type														
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			STO	PA	YME	NT C	НА	RG	E						
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SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 28/38 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Homecare & Hospice PAC Full Name (Last, First, Middle Initial) Transaction ID: 00108.E171 Wachovia Bank Date of Disbursement 0 1 2009 Mailing Address 215 Pennsylvania Ave., SE City State Zip Code Amount of Each Disbursement this Period Washington DC 20003-117.95 Purpose of Disbursement merchant service charge Candidate Name Category/ Type Office Sought: Disbursement For: House MERCHANT SERVICE CHARGE General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 00108.E172 Wachovia Bank Date of Disbursement 0 2 2009 Mailing Address 215 Pennsylvania Ave., SE City State Zip Code Amount of Each Disbursement this Period 20003-Washington DC 30.70 Purpose of Disbursement merchant service charge Candidate Name Category/ Type Office Sought: House Disbursement For: MERCHANT SERVICE CHARGE

General

SUBTOTAL of Disbursements This Page (optional)	•	148.65
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Primary

Other (specify)

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SCHEDULE B (FEC Form 3X)	:DULE B (FEC Form 3X)						OR LINE NUMBER: PAGE 29 / 38									
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NAME OF COMMITTEE (In Full)																
Homecare & Hospice PAC																
Full Name (Last, First, Middle Initial) Becerra For Congress							Trans		-		9102 ment	2.E	142			
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Mailing Address PO Box 261060							0.9									
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Candidate Name XAVIER BECERRA					egory/ ype											
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State: CA District: 31 Full Name (Last, First, Middle Initial)																
Ben Cardin For Senate							Trans Date				9120 ment	1.E	162			
Mailing Address PO Box 21093							1 ^M 0	М	/	2	0 /	Υ	ž o č	9	′	
City	State	Zip Code					Amou	ınt o	f Ea	ch [Disburs	eme	ent this	s Pe	eriod	
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BENJAMIN L CARDIN		2010		Т	ype											
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State: MD District: 03 Full Name (Last, First, Middle Initial)						+										
Braley for Congress							Date		isbu	rser		2.E	140			
Mailing Address PO Box 300							0 ^M 9	М		1	7 /	Y	žοč	9		
City Waterloo	State IA	Zip Code 50704-					Amou	ınt o	f Ea	ch [Disburs	eme	nt thi	s Pe	eriod	
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Candidate Name BRUCE L BRALEY					egory/ ype											
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	y Information copied from such Reports and for commercial purposes, other than using th												
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<u></u>	Full Name (Last, First, Middle Initial) Citizens For Harkin					Date o		on ID:	-	-		1 0 0 9	Y
	Mailing Address PO Box 811									L			
	City Des Moines	State Zip Code IA 50304-				Amou	nt of	Each	Disb	ursen	-		erio
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	Candidate Name THOMAS RICHARD HARKIN			itegory/ Type									
	Office Sought: House Di X Senate President State: A District: 00	sbursement For: 2014 X Primary General Other (specify)			F	POLIT	ΓICA	AL CO	ITNC	RIBL	JTIC	N	
	Full Name (Last, First, Middle Initial) Collins For Senator							on ID:		-	E11	8	
	Mailing Address PO Box 1096					0 ^M 7	M /	^D 2	2	/ Y	ž	o ŏ 9	Υ
	City Bangor	State Zip Code ME 04402-				Amou	nt of	Each	Disb	ursen	-		erio
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	Candidate Name SUSAN M COLLINS			itegory/ Type									
	Office Sought: House Di X Senate President State: ME District: 00	sbursement For: 2014 X Primary General Other (specify)	•		F	POLIT	ΓIC	AL CO	ITNC	RIBL	JTIC	N	
	Full Name (Last, First, Middle Initial) Collins For Senator					Date o	of Di	on ID: sburse	emen				
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	Candidate Name SUSAN M COLLINS			tegory/ Type									
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NAME OF COMMITTEE (In Full)											
Homecare & Hospice PAC											
Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm	iittee					-	: 910 ement)22	.E1	43	
Mailing Address 6380 Wilshire Blvd. #16	12			1 1	М	/ D	6 [/]	Y	ž	o ŏ	9 ^Y
City Los Angeles	State Zip Code CA 90048-			Amou	ınt o	f Each	Disbu	ırse	men	t this	Period
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Candidate Name HENRY A. WAXMAN		Category Type									
Senate President	ement For: 2010 Primary X General Other (specify)			POLI	TIC	AL C	ONTF	RIB	JTI	ON	
State: CA District: 30											
Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm	iittee				of D	isburs	ement)22			_
Mailing Address 6380 Wilshire Blvd. #16	12			1 ^M 1	М	/ 1	6 /	L	ž	οŏ	9 [¥]
City Los Angeles	State Zip Code CA 90048-			Amou	ınt o	f Each	Disbu	irse	-	-	Period
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Candidate Name HENRY A. WAXMAN		Category Type	′								
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State: CA District: 30											
Full Name (Last, First, Middle Initial) Enzi for U.S. Senate						isburs	ement)12	.E1	32	
Mailing Address PO Box 2775				0 ^M 9	М	[/] 2	2 8 /	Y	ž	o ŏ	9 [*]
City Cody	State Zip Code WY 82414-			Amou	ınt o	f Each	Disbu	ırse	men	t this	Period
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Candidate Name MICHAEL B ENZI	C	Category Type									
X Senate X President	ement For: 2014 Primary General Other (specify)			POLI	TIC	AL C	ONTF	RIB	JTI	ON	
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\rangle	NAME OF COMMITTEE (In Full) Homecare & Hospice PAC	<u>-</u>										
	Full Name (Last, First, Middle Initial) Friends For Harry Reid							n ID: (ent	.E12	2	
	Mailing Address P.O. Box 19163					8 0	M /	07	/ Y	ž (o ŏ 9	Y
	City Las Vegas		Zip Code 39132-			Amou	int of E	ach Di	sburse			erio
	Purpose of Disbursement POLITICAL CONTRIBUTION									100	0.00	_
	Candidate Name HARRY REID			itego Type	ry/							
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	Friends Of Blanche Lincoln					Date	of Disb	urseme	ent			V
	Mailing Address PO Box 3197					1 1	M /	^D 3 0	ľ	Ž () Ó 9	_
	City Little Rock		Zip Code 72203-			Amou	int of E	ach Di	sburse	ment	this Pe	eric
	Purpose of Disbursement POLITICAL CONTRIBUTION					L.				500	0.00	
	Candidate Name BLANCHE LAMBERT LINCOLN			tego Type	ry/							
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	Friends Of John Thune					Date	of Disb	ourseme	ent			Υ
	Mailing Address 200 North Phillip	os Ave Ste L101				1 ^M 2		17	J L	2 (o ŏ 9	
	City Sioux Falls		Zip Code 57104-			Amou	int of E	ach Di	sburse	ment	this Pe	eric
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	Candidate Name JOHN THUNE			tego Type	ry/							
	Office Sought: House X Senate President State: SD District: 00	Disbursement For: X Primary Other (specify	2010 General y) V			POLI	TICAL	- CON	TRIB	JTIO	N	
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SCHEDULE B (FEC Form 3X)	Harasanah I. I.I.	FOR LINE	NUMBER:	PAGE 33/38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
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or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Homecare & Hospice PAC				
Full Name (Last, First, Middle Initial) Friends Of Kent Conrad			Transaction ID: Date of Disburser	
Mailing Address PO Box 812			07 1	6 Y 2009
City Bismarck	State Zip Code ND 58502-		Amount of Each [Disbursement this Period
Purpose of Disbursement POLITICAL CONTRIBUTION				2500.00
Candidate Name GAYLORD KENT CONRAD		Category/ Type		
9 🗎	ement For: 2012 Primary General Other (specify)		POLITICAL CO	NTRIBUTION
Full Name (Last, First, Middle Initial)				20004 5440
Friends Of Schumer			Transaction ID: Date of Disburser	ment
Mailing Address 509 Madison Ave, Ste 1	902		07	2009
City New York	State Zip Code NY 10022-		Amount of Each [Disbursement this Period
Purpose of Disbursement POLITICAL CONTRIBUTION				2500.00
Candidate Name CHARLES E SCHUMER	C	Category/ Type		
ÿ	ement For: 2010 Primary General Other (specify)		POLITICAL CO	NTRIBUTION
State: NY District: 00				
Full Name (Last, First, Middle Initial)			Transaction ID:	91201.E156
Friends of John McCain Inc.			Date of Disburser	
Mailing Address PO Box 16664			11 1 0	7 2009
City Arlington	State Zip Code VA 22214-		Amount of Each [Disbursement this Period
Purpose of Disbursement POLITICAL CONTRIBUTION				2500.00
Candidate Name JOHN S MCCAIN		Category/ Type		
X Senate X President	ement For: 2010 Primary General Other (specify)		POLITICAL CO	NTRIBUTION
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SCHEDULE B (FEC Form 3X)	Use separate scriedule(s) (about					
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NAME OF COMMITTEE (In Full)						
Homecare & Hospice PAC						
Full Name (Last, First, Middle Initial) Gillibrand For Senate			Transaction ID: 91027.E152 Date of Disbursement			
Mailing Address 313 C Street NE			$\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 2 & 6 \\ 2 & 6 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & 0 & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$			
City Washington	State Zip Code DC 20002-		Amount of Each Disbursement this Period			
Purpose of Disbursement POLITICAL CONTRIBUTION			5000.00			
Candidate Name KIRSTEN ELIZABETH GILLIBRAND		Category/ Type				
Office Sought: House Disburs X Senate President State: NY District: 00	ement For: 2010 Primary X General Other (specify)		POLITICAL CONTRIBUTION			
Full Name (Last, First, Middle Initial) Gillibrand For Senate			Transaction ID: 91027.E153			
Mailing Address 313 C Street NE			Date of Disbursement 10 26 7 2009			
	7: 0 -					
City Washington	State Zip Code DC 20002-		Amount of Each Disbursement this Period			
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Candidate Name KIRSTEN ELIZABETH GILLIBRAND		Category/ Type				
• 🗎 –	ement For: 2010 Primary General Other (specify)		POLITICAL CONTRIBUTION			
State: NY District: 00						
Full Name (Last, First, Middle Initial) John Kerry for Senate			Transaction ID: 91012.E129 Date of Disbursement			
Mailing Address PO Box 78116, Ste 710			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 0 & 0 \\ 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$			
City Washington	State Zip Code DC 20013-		Amount of Each Disbursement this Period			
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Candidate Name JOHN F KERRY		Category/ Type				
X Senate X President	ement For: 2014 Primary General Other (specify)		POLITICAL CONTRIBUTION			
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	Senate President		Primary Other (spe	X General													
State: GA	District: 05		_ Other (spe	∀													
Full Name (Las	t, First, Middle Initial)	ļ.					Tı	ansa	action ID	: 0	1022	F147					
Kendrick Mee	ek for Florida								f Disburs								
Mailing Address	s 111 NW 183rd	Street St	e 325				┨ [.	M 0	/ D	1 3	/ Y	200	9 ^Y				
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City Miami			State FL	Zip Code 33169-			Α	mour	nt of Each	n Dis	burse	ment this	Peri	od			
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Full Name (Last, First, Mid													
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	Committee								sburse		Y Y	Υ	Υ
Mailing Address PO E	3ox 1042						0 ^M 9		^D 3	0	2	0 0 8	1
City Montpelier		State VT	Zip Code 05601-				Amou	unt of	Each	Disburs	emen	t this F	'eri
Purpose of Disbursement POLITICAL CONTRIBUT	ON			Г	•	\exists	Ţ <u>L.</u>	_			25	00.00	
Candidate Name PATRICK LEAHY					atego	-							
Office Sought: Hou		oursement For: X Primary Other (spe	2010 General		Туре		POLI	TICA	AL CC	NTRII	BUTIO	NC	
State: VT District			√										
Full Name (Last, First, Mid Moran for Kansas	dle Initial)								on ID: sburse	9082 ment	4.E1	23	
Mailing Address PO E	Box 1151						0 ^M 8	M /		^D /	Y Y	0 Ŏ S	Y
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Purpose of Disbursement POLITICAL CONTRIBUT	ON			Г				0	-		10	00.00	_
Candidate Name JERRY MORAN	<u> </u>				atego Type	•							
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State: KS District													
Full Name (Last, First, Mid Nelson 2012	dle Initial)						1		on ID: sburse	0011 ment	1.E1	75	
Mailing Address PO E	3ox 8666						1 ^M 2	M /	^D 0	4 /	^Y 2	0 0 8	Y
City Omaha		State NE	Zip Code 68108-				Amou	unt of	Each	Disburs	emen	t this F	eri?
Purpose of Disbursement POLITICAL CONTRIBUT	ON	IVL	30100-	Г		$\overline{}$					50	00.00	
Candidate Name E BENJAMIN NELSON					atego Type								
Office Sought: Hot X Ser		oursement For: X Primary Other (spe	2012 General		71-5		POLI	TICA	AL CC	NTRII	BUTIO	NC	
State: NE District		Outer (spe	,y/ ▼										
SUBTOTAL of Disbursemen	L. This D	D				•		-			850	00.00	_

SCHEDOLL B (I LC I OIIII 3X)	Use separate schedule(s)	(check onl	NUMBER: PAGE 37/38 v one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Homecare & Hospice PAC			
Full Name (Last, First, Middle Initial) Nelson 2012			Transaction ID: 00111.E174
			Date of Disbursement 1 2 0 4 2 0 0 9
Mailing Address PO Box 8666			
City Omaha	State Zip Code NE 68108-		Amount of Each Disbursement this Period
Purpose of Disbursement POLITICAL CONTRIBUTION			5000.00
Candidate Name E BENJAMIN NELSON		Category/ Type	
X Senate President	rsement For: 2012 Primary X General Other (specify)	,,	POLITICAL CONTRIBUTION
State: NE District: 00 Full Name (Last, First, Middle Initial)			
People for Patty Murray US Senate			Transaction ID: 91012.E130 Date of Disbursement
Mailing Address PO Box 3662			09 08 7 2009
City Seattle	State Zip Code WA 98124-		Amount of Each Disbursement this Perio
Purpose of Disbursement POLITICAL CONTRIBUTION			1000.00
Candidate Name PATTY MURRAY		Category/ Type	
Office Sought: House X Senate President	x Primary General Other (specify)		POLITICAL CONTRIBUTION
State: WA District: 00			
Full Name (Last, First, Middle Initial) Wyden For Senate			Transaction ID: 91022.E141 Date of Disbursement
Mailing Address PO Box 3498			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Portland	State Zip Code OR 97208-		Amount of Each Disbursement this Perio
Purpose of Disbursement POLITICAL CONTRIBUTION			1000.00
Candidate Name RONALD LEE WYDEN		Category/ Type	
X Senate President	rsement For: 2010 Primary X General Other (specify)		POLITICAL CONTRIBUTION
State: OR District: 00			
SUBTOTAL of Disbursements This Page (options	al)	_	7000.00
TOTAL This Period (last page this line number or	nly)		79000.00

В.

President

District:

agon roocoo.		
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the (chec	LINE NUMBER: PAGE 38 / 38 ck only one) 1b 22 23 24 25 26
	2	7 X 28a 28b 28c 29 30b
Any Information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
Homecare & Hospice PAC		
Full Name (Last, First, Middle Initial)		Transaction ID: 91201.E161
Ellen Bolch		Date of Disbursement
Mailing Address 703 Dancy Ave.		M 0 M / D 1 9 / Y 2 0 0 9 Y
City	State Zip Code	Amount of Each Disbursement this Period
Savannah	GA 31409-	A THOUSE OF EACH DISCHOOL WIS TO SHOOT
Purpose of Disbursement		1000.00
Refund of Contribution refund excess con	010	
Candidate Name	Category Type	y/
Senate President	bursement For: Primary General Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) Marcylle Combs		Transaction ID: 91201.E163 Date of Disbursement
Mailing Address 3 Bains Court		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Amount of Each Disbursement this Period
Argyle	TX 76226-	
Purpose of Disbursement		500.00
Refund of Contribution refund excess con	010	
Candidate Name	Category Type	y/
	bursement For:	
Sanata	Primary General	

SUBTOTAL of Disbursements This Page (optional)		1500.00
TOTAL This Period (last page this line number only)	•	1500.00

Other (specify)

State: